

Incident Safety Plan 1 of 6

Incident Name:

Date:

Location:

Safety Officer:

Incident Command:

Incident Commander	
Safety Officer	
Liaison Officer	
Haz Mat Team Leader	
Entry Team Leader	
Decon Team Leader	
Medical Officer	
Logistics Officer	

FOR COMMENT

Assignment:

Personnel:

Specialized Task / Assignment:

Agency / Personnel:

Incident Safety Plan 2 of 6

Incident Name: _____

Date: _____

Location: _____

Safety Officer: _____

Designated level of personal protective equipment:

Initial Response	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	_____
Initial Site Survey	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	_____
Cold Zone	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	_____
Warm Zone	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	_____
Hot Zone	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	_____

All personnel in specified area or activity shall be in the prescribed level of personal protection.

~~Draw sketch of incident including distances~~

FOR COMMENT

Incident Safety Plan 3 of 6

Incident Name: _____

Date: _____

Location: _____

Safety Officer: _____

Material:

Shipping Name: _____

UN #: _____

Trade Name: _____

CAS #: _____

Chemical Name: _____

Hazard Class: _____

Form: ☐ Liquid ☐ Powder ☐ Granules ☐ Fog ☐ Mist ☐ Smoke ☐ Solid

Chemical Properties:

Source			
Flash Point			
Flammable Range			
Ignition Temp			
Boiling Temp			
Vapor Pressure			
Specific Gravity			
Vapor Density			
TLV/TWA			
IDLH			

Reactivity _____

Firefighting _____

Health _____

Safety equipment recommended for entry:

LEVEL

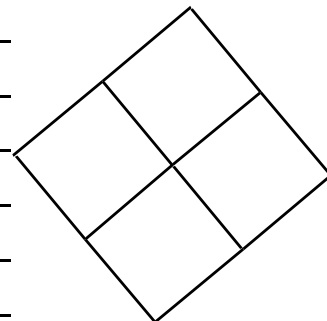
☐ A

☐ B

☐ C

☐ D

Specify if D: _____



Incident Safety Plan 4 of 6

Incident Name:

Date:

Location:

Safety Officer:

Weather Information:

Time					
Temperature					
Humidity					
Wind Direction					
Wind Speed					
Dew Point					
Barr. Pressure					
Forecast:	<div>FOR COMMENT</div>				

Spot forecasts available from NWS at (509) 244-0110, must provide Township, Range, Section or Lat/Long.

Monitoring and Equipment:

Material:

LEL:

IDLH:

Time					
% LEL					
% O ₂					
% CO					
PPM					
PH					
mr/hr					

Area Affected:

☐ Residential ☐ Business ☐ Rural ☐ Roadway ☐ RR ☐ Water

Exposures:

Evacuation: ☐ No ☐ Immediate Area ☐ Site ☐ Extended

Explanation:

Incident Safety Plan 5 of 6

Incident Name: _____

Date: _____

Location: _____

Safety Officer: _____

Entry Team #1

Team Member: _____	Suit #: _____
Team Member: _____	Suit #: _____

Objective: _____

FOR COMMENT

Entry Team #2

Team Member: _____	Suit #: _____
Team Member: _____	Suit #: _____

Objective: _____

Entry Team #3

Team Member: _____	Suit #: _____
Team Member: _____	Suit #: _____

Objective: _____

Specialized Task Assignments: _____

Incident Safety Plan 6 of 6

Incident Name:

Date:

Location:

Safety Officer:

Emergency Egress and Relocation Plan:

FOR COMMENT

In the event contamination spreads beyond control zones:

In the event of potential fire or explosion:

In the event of potential or actual ionizing radiation:

Other contingency plans: